

# PRINTER RUSH

(PTO ASSISTANCE)

Application : 10/519, 197 Examiner : D. Seaman GAU : 1625

From : f. Mitchell Location : IDC FMF FDC Date : 6/13/08

Tracking # : EN 10/519, 197 Week Date : 6/2/08

| DOC CODE                                | DOC DATE      | MISCELLANEOUS                                |
|---|---------------|--|
| <input type="checkbox"/> 1449           | _____         | <input type="checkbox"/> Continuing Data     |
| <input type="checkbox"/> IDS            | _____         | <input type="checkbox"/> Foreign Priority    |
| <input checked="" type="checkbox"/> CLM | <u>5/9/08</u> | <input type="checkbox"/> Document Legibility |
| <input type="checkbox"/> IIFW/FWCLM     | _____         | <input type="checkbox"/> Fees                |
| <input type="checkbox"/> SRFW           | _____         | <input type="checkbox"/> Other               |
| <input type="checkbox"/> DRW            | _____         |  |
| <input type="checkbox"/> OATH           | _____         |  |
| <input type="checkbox"/> 312            | _____         |  |
| <input type="checkbox"/> SPEC           | _____         |  |

[RUSH] MESSAGE: Claim 38 depends on canceled claim 28.

thank you  
fern

[XRUSH] RESPONSE: \_\_\_\_\_  
Change dependency of claim 38 to claim 37.

INITIALS: /DMS/

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES: Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.